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# **2005 AmeriCorps EDUCATION AWARDS PROGRAM FORMS AND INSTRUCTIONS**

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**APPLICATIONS DUE FEBRUARY 4, 2005**



**CALIFORNIA SERVICE CORPS**  
1110 K Street, Suite 210 • Sacramento, CA 95814  
(916) 323-7646 phone • (916) 323-3227 fax  
[www.csc.ca.gov](http://www.csc.ca.gov)

# AMERICORPS APPLICATION INSTRUCTIONS

If you wish to apply for 2005-06 AmeriCorps funding, you must submit an application to:

California Service Corps  
ATTN: AmeriCorps 2005  
1110 K Street, Suite 210  
Sacramento, CA 95814-3905

Applications must be ***received by 5:00 p.m.*** on Friday, February 4, 2005. Applications that do not meet this guideline will be rejected.

## LETTERS OF INTENT

Although applicants are not required to send a letter of intent, submission of a letter will assist CSC in planning its review process. The letter of intent form can be found in the *2005 AmeriCorps Education Award Forms and Instructions*.

## COMPLIANCE REQUIREMENTS

You must submit one single-sided original and four copies of the application bound with binder clips. ***Type and double-space the submission package in Times New Roman, 12-point font size, with one-inch margins (unless otherwise noted).*** Please number the narrative pages.

Please note that failure to comply with the following restrictions will render your application noncompliant. Do not staple or use any other form of binding (folders, spiral binding, etc.) on your application. You must follow the page limits specified below. Facsimiles or electronic mail submissions will not be accepted. Appendices, including annual reports, videos, brochures or any supplementary material not requested in the application will not be accepted.

***CSC will not review any submission that does not comply with all of the above requirements except under extenuating circumstances as determined by CSC.***

## PROGRAM APPLICATION INSTRUCTIONS

Applicants must submit an application that consists of the following components in the following order:

- State Title Page
- Table of Contents with page numbers
- Executive Summary – not to exceed one-page, single-spaced
- AmeriCorps Program Accomplishment Summary (if applicable)
- AmeriCorps Program Narrative – not to exceed 20 pages, double-spaced
- Performance Measure Worksheets
- CLASP Partners Forms
- Service Codes Form
- Budget Form
- Survey on Ensuring Equal Opportunity for Applicants
- Assurances and Certifications Form
- Program Evaluation (if applicable)
- Financial Audit/Information
- Interview Availability Form

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## NOTICE OF INTENT TO APPLY



1. LEGAL APPLICANT		
Contact Name:	Title:	
Organization:		
Address (please do not use P.O. Box):		
City:	State:	Zip Code:
Phone:	Fax:	
Email:	Website:	
2. AMERICORPS PROGRAM		
Name of AmeriCorps Program:	Title:	
Program Director Name:		
Organization:		
Address (please do not use P.O. Box):		
City:	State:	Zip Code:
Phone:	Fax:	
Email:	Website:	
3. ISSUE AREA		
<input type="checkbox"/> Education	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Environment <input type="checkbox"/> Other Human Needs

### INSTRUCTIONS

- Legal Applicant:** The legal applicant is the organization that takes formal responsibility and assumes liability for the AmeriCorps program.
- Name of AmeriCorps Program:** Provide the name of your proposed AmeriCorps program. If the AmeriCorps program director is not the same person as the legal applicant contact, provide contact information for the program director. Otherwise, write "Same as legal applicant" under the "Program Director" field and leave the remainder of Box 2 blank.

**Issue Area:** Check the issue area(s) your program will address. If necessary, check more than one box. Please note that addressing multiple issue areas will not necessarily make your program more competitive. To select one of the four options, double click on the chosen box. Under the "Default Value" section, select "Checked."

**Please complete this form and fax or send to CSC by February 4, 2004:**

California Service Corps  
ATTN: AmeriCorps 2005  
1110 K Street, Suite 210  
Sacramento, CA 95814  
Fax: (916) 323-3227

**2005-06 CALIFORNIA AMERICORPS APPLICATION**  
**EDUCATION AWARDS PROGRAM**  
**STATE TITLE PAGE**



### 1. Legal Applicant

Contact Name:	Title:	
Organization:		
Address (please do not use P.O. Box):		
City:	State:	Zip Code:
Phone:	Fax:	
Email:	Website:	

### 2. AmeriCorps Program

Name of AmeriCorps Program:	Title:	
Program Director Name:		
Organization:		
Address (please do not use P.O. Box):		
City:	State:	Zip Code:
Phone:	Fax:	
Email:	Website:	

### 3. Issue Areas

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Education   | <input type="checkbox"/> Public Safety     |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Other Human Needs |

### 4. Legal Applicant Characteristics

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Intermediary | <input type="checkbox"/> Institute of Higher Education |
|---------------------------------------|--|

### 5. Program Abstract

### 6. Budget

Total Budget Request:	Total FTE AmeriCorps Members:
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### 7. Counties Affected

### Signature

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Typed Name of Authorized Representative:

Telephone Number:

Title:

Signature of Authorized Representative:

Date Signed:

## INSTRUCTIONS: State Title Page

1. Legal Applicant: The legal applicant is the organization that takes formal responsibility and assumes liability for the AmeriCorps program.
2. Name of AmeriCorps Program: Provide the name of your proposed AmeriCorps program. If the AmeriCorps program director is not the same person as the legal applicant contact, provide contact information for the program director. Otherwise, write “Same as legal applicant” under the “Program Director” field and leave the remainder of Box 2 blank.
3. Issue Areas: Check the issue area(s) your program will address. If necessary, check more than one box. Please note that addressing multiple issue areas will not necessarily make your program more competitive.
4. Legal Applicant Characteristics: Indicate whether the legal applicant is an intermediary that will be administering AmeriCorps funding on behalf of a collaboration of smaller organizations, or is an institution of higher education.
5. Program Abstract: Provide a brief summary (3-4 sentences) of your program. Include information on the community need to be addressed, number and type of AmeriCorps members to be fielded, major service activities and expected impact(s). Your abstract will be included in materials submitted to the CSC Commission’s Program Committee and may be disseminated in response to media inquiries. Abstracts in excess of four sentences will be truncated.
6. Budget:
  - *Total Budget Request*: Provide the total amount of funds that the program is requesting from the Corporation. Transfer this total from the AmeriCorps Budget Form.
  - *Total FTE AmeriCorps Members*: Provide the total number of FTE (not the total number of members) AmeriCorps members that your program will utilize. You will have this figure after completing the Budget Narrative and AmeriCorps Budget forms.
7. Counties Affected: List all counties in which your program will provide service.

## **INSTRUCTIONS: Executive Summary**

Provide a clear overview of the program. Be succinct and as comprehensive as possible. This should include a mission statement for the program, a statement of need and expected impact of the program and a summary of the program design. The program design should, at a minimum, summarize how you will achieve the impacts.

Your Executive Summary may not exceed one page. *Type your Executive Summary in Times New Roman, 12-point font size, with one-inch margins. You may single-space your summary.*

Statement of need: The overall purpose of AmeriCorps is to help local communities address critical unmet needs. Provide a description of the critical need that has prompted your organization to submit an AmeriCorps proposal. Examples: Sometown has a city-wide high school dropout rate of 50%... Only 42% of Sometown's first through third graders read at grade level... Only 2% of the homeless population gets assistance in moving to permanent housing... The pollution in the Sometown River has steadily increased over the past 10 years so that fish and other marine animals are no longer able to live in the River.

Mission: Include the mission statement for your agency, organization or collaborative that is implementing the AmeriCorps program. In this case, we define "mission statement" as a description of the overarching purpose of the organization. State how the mission of your organization relates to the identified need(s) above. If there is no clear connection between the statement of need(s) and the mission of your organization, please describe why you are supporting a program that addresses the need listed above. Examples of mission statements: to enhance awareness and promote citizen involvement in natural resource management; to connect educational institutions with the community in order to facilitate the application of knowledge and learning; to assist individuals and families in accessing community resources; to increase access to health care and improve health outcomes for children and families.

Expected impact: Explain what part of the identified need you will address in your proposed AmeriCorps program. For instance, if the need is a soaring rate of high school drop-outs in the city, the expected impact of the program might be to decrease the high school drop-out rate by 10% in two high schools.

Summary of program design: Provide a concise description of your proposed AmeriCorps program. This should include the activities that AmeriCorps members perform to reach the expected impact of the program. The summary of the program design should include a brief description of the overall organizational structure of the program including grantee, sub-grantee(s) and/or host organization relationships. You do not have to identify each host organization.

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## AMERICORPS ACCOMPLISHMENT SUMMARY

Program Name: \_\_\_\_\_

### 1. Member Information

Program Year	Grant Amount	FTE	Contracted Members	Members Enrolled	Members Completed
Year 1:					
Year 2:					
Year 3:					
Program Year 2004-05:					

### 2. Accomplishments

Objective Category			Number (Select One)		
<input type="checkbox"/> Needs and Service Activities <input type="checkbox"/> Member Development <input type="checkbox"/> Strengthening Communities			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Objective Statement					
Year 2 Data					
Year 3 Data					
Objective Category			Number (Select One)		
<input type="checkbox"/> Needs and Service Activities <input type="checkbox"/> Member Development <input type="checkbox"/> Strengthening Communities			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Objective Statement					
Year 2 Data					
Year 3 Data					

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## AMERICORPS ACCOMPLISHMENT SUMMARY

### 2. Accomplishments (Continued)

Objective Category		Number (Select One)
<input type="checkbox"/> Needs and Service Activities	<input type="checkbox"/> Member Development	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Objective/ Performance Measure		
Year 2 Data		
Year 3 Data		
Objective Category		Number (Select One)
<input type="checkbox"/> Needs and Service Activities	<input type="checkbox"/> Member Development	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Objective/ Performance Measure		
Year 2 Data		
Year 3 Data		
Objective Category		Number (Select One)
<input type="checkbox"/> Needs and Service Activities	<input type="checkbox"/> Member Development	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Objective/ Performance Measure		
Year 2 Data		
Year 3 Data		



## **INSTRUCTIONS: AmeriCorps Accomplishment Summary**

*An accomplishment summary is only required for those AmeriCorps programs (current or previously funded) that have received an AmeriCorps operating grant, either from CSC or the Corporation.*

Programs are advised that previous site visit reports, program progress reports, financial reports, WBRS documentation and member recruitment and retention rates will be reviewed as part of the selection process.

**Unless otherwise indicated, summaries will encompass the last three complete years for which the program received AmeriCorps funding. Those applicants that are previously funded programs or currently operating programs with previous AmeriCorps grants should complete the AmeriCorps Accomplishment Summary forms in the following manner:**

### **1. Member Information**

- *Program Year:* Detail the last three complete years for which your program received AmeriCorps funding. For example, if you received funding for the 2000-2003 and 2003-2006 funding cycles, year one would be 2001-02, year two would be 2002-03 and year three would be 2003-04. If you are a currently funded operating program, include information for the 2004-05 program year.
- *Grant Amount:* Include the grant amount for the program years in question.
- *FTE:* Provide the number of full-time equivalent (FTE) members awarded to your program.
- *Contracted Members:* Provide the total number of members awarded in your contract for the year in question. For example, in a program that utilized 40 half-time (900 hour) members, the total FTE would be 20, but the total number of members would be 40.
- *Members Enrolled:* Provide the total number of members that you enrolled for the program year.
- *Members Completed:* Provide the total number of members that successfully completed a term of service.

### **2. Accomplishments:** For the two most recent years completed, provide the program's objective statement/performance measure and accompanying data for up to five objectives/performance measures. Programs reporting data for the 2000-2003 grant cycle may include up to three objectives in the Needs and Service Activities area, the primary objective in Strengthening Communities and the primary objective in Member Development.

- For each objective/performance measure, identify the category (i.e. Needs and Service Activities, Strengthening Communities, or Member Development). For 2000-2003 objectives, indicate the number of the objective (i.e., 1, 2 or 3).

To check a box, double click on the chosen box. Under the “Default Value” section, select “Checked.”

- *Objective/Performance Measure*: State the objective/performance measure for the indicated category. For 2003-2006 performance measures, indicate whether the performance measure is an output (OUT) intermediate outcome (INT) or end outcome (END).
- *Data*: Provide data on the program’s progress toward the objective or performance measure. Provide only that data which pertains directly to the accompanying objective or performance measure. This section’s “Year 2” and “Year 3” correspond to the years filled in from Section One: Cost Per FTE and Member Information.

**Those programs that are currently funded, but did not have an AmeriCorps grant prior to the 2004-05 program year, should complete the AmeriCorps Accomplishment Summary forms in the following manner:**

1. Budget and Member Information:

- *Program Year*: Provide information only for the row labeled “Program Year 2004-05.”
- *Grant Amount*: Provide the requested information.
- *FTE*: Provide the requested information.
- *Contracted Members*: Provide the requested information.
- *Members Enrolled*: Provide the requested information.
- *Members Completed*: Write “N/A.”

2. Objectives and Accomplishments: Provide your program’s current year performance measures.

- For each performance measure, identify the category (i.e. Needs and Service Activities, Strengthening Communities, or Member Development) and indicate the number of the performance measure (i.e., 1, 2 or 3). To check a box, double click on the chosen box. Under the “Default Value” section, select “Checked.”
- *Objective/Performance Measure* : State the performance measure for the indicated category.
- *Accomplishments*: Leave blank.

## INSTRUCTIONS: AmeriCorps Program Narrative

If you are unable to include any element listed in the 2005-06 AmeriCorps RFP as part of your program, either because of your program model, or for any other reason, please include an explanation in your application. Your explanation will be considered during the application review process.

Applicants are free to include tables and charts in their proposals. CSC has found that in the past, many applicants have effectively and concisely conveyed information through the use of such visual aids.

Your AmeriCorps Program Narrative may not exceed 20 pages. Charts and graphs are included in this page limit. Other forms included in the *Application Forms and Instructions* such as Performance Measure Worksheets are not counted against the 20 page limit. *Type and double-space your AmeriCorps Program Narrative in Times New Roman, 12-point font size, with one-inch margins.*

### I. PROGRAM DESIGN

#### A. Needs and Service Activities

*Before you complete this section, carefully review Needs and Service Activities in the 2005 AmeriCorps Education Awards Programs RFP (pages 14-19). The guidelines provide specific information that will help you to address the topics below.*

- **Needs** – Describe the specific need(s) your program will address. Include a well-documented, compelling description of the need in the communities you intend to serve and how the needs were identified. Identify the desired change or impact your program will have on the need. Please focus on the need your program will address and avoid need statements and statistics that document the larger community. For example, a mentoring program seeking to address academic performance and truancy should not include data on a community's poverty and unemployment rate.
- **Involvement of Community** – Describe how you involved the target communities in identifying community needs and planning your program; discuss how you will include them in your program implementation.
- **Description of Member Activities and Roles** – Include a detailed description of proposed member activities and roles that relate to the need(s) your program will address. Include information on the activities' relationship to best practices (i.e., scientifically-based tutoring strategies and curricula, mentoring practices, research models, etc.).
- **History of Accomplishments** – Briefly describe your partnership's qualifications for addressing the proposed issue area(s).
- **Value Added** – If you currently operate a community service program and are proposing to make education awards available for those performing the service, describe how the education awards will add value to the program and increase or enhance the program's impact in the community. This "value added" may be established by:
  - increasing the number of members participating in the service program;
  - launching new service sites or new service activities;
  - increasing the number of hours of community service provided;
  - expanding the role of community volunteers in the program;
  - improving the caliber or diversity of members enrolled; or
  - promoting other strategies to expand the program or enhance its impact on the community.

## B. Member Development

*Before you complete this section, carefully review Developing AmeriCorps Members in the 2005 AmeriCorps Education Awards Program RFP (pages 19-21). The guidelines provide specific information that will help you to address the topics below.*

- **Recruitment** – Describe how your organization will recruit members to serve in this program. In your description, include a description of member positions (type and number of members for each) and the recruitment profile of members (e.g., minimum qualifications, essential functions and other desirable characteristics). Please provide justification if you are requesting less than 20 FTE AmeriCorps members.
- **Member Support** – Describe clear plans for orienting, supervising, training and developing members. In your description, include a timeline, key elements of your member orientation, key elements of your ongoing training plan (including CERT, if applicable) and the placement and supervision of members.
- **Member Benefits** – Describe the benefits you will offer members (living allowance, health insurance, child care, etc.) to assist with recruitment and retention. If you will not offer benefits, explain how your proposed program will recruit and retain members in the absence of such supports.
- **Civic Education** – Describe your plans for providing civic education to members.

## C. Strengthening Communities

*Before you complete this section, carefully review Strengthening Communities in the 2005 AmeriCorps Education Awards Program RFP (pages 21-26). The guidelines provide specific information that will help you to address the topics below.*

- **Developing Community Resources** – Describe how your organization plans to develop community resources including the recruitment and management of volunteers. Include a description of the training and support you will provide to volunteers and what roles AmeriCorps members will have in these activities.
- **Community Partnerships** – Describe the community partnerships you intend to develop, including the roles of community partners.
- **Capacity Building** – Describe plans for increasing the capacity of the organizations and institutions where members are serving and its relationship to sustainability.
- **Sustainability** – Describe your partnership's plans for gradually decreasing the amount of Corporation funding needed to support the AmeriCorps program. Include relevant information about your partnership's composition, diversity of revenue sources, capacity building activities, etc. Please see pages 36-37 of the RFP for additional information.
- **Diversity** – How will your program engage members and staff from different backgrounds? This includes diversity in geographic location, gender, faiths, ethnicities, education levels, socioeconomic backgrounds, sexual orientation, and physical and mental abilities.
- **Higher Education Institutions only** – Describe your institution's efforts to support community service under federal college work-study. Include the percentage of your school's 2003-2004 federal college work-study funds that were used for community service placements and your plans for further efforts in this area. See page 38 in the 2005 AmeriCorps Education Awards Program RFP.

## **II. ORGANIZATIONAL CAPACITY**

Describe the overall capacity of the legal applicant and partnership to operate an AmeriCorps program. In this section include the following topics:

- Ability to provide sound program and fiscal oversight. You should also briefly address the issue of whether or not there were findings in the legal applicant's most recent audit.
- Experience in or ability to administer a federal grant. Include information on the total amount of federal funding for each of the past three years (if applicable).
- Role(s) and related experience of key staff person(s) responsible for the program.
- Plans for monitoring host sites, if applicable.
- Track record of partnership in the proposed activity areas.
- Plans or systems for self-assessment, evaluation, and continuous improvement, including plans to secure an evaluation of the proposed program.

## **III. BUDGET/COST EFFECTIVENESS**

*Before you complete this section, carefully review the Fiscal Requirements section in the 2005 AmeriCorps Education Awards Program RFP (pages 35-37).*

- Discuss and quantify:
  - the anticipated costs you expect to incur to operate the program outside of the Corporation's fixed amount (\$400) per member; and,
  - the resources (staff time, training, funds for living allowances, etc.) that your partnership will contribute to the proposed program. Indicate whether or not the resources have been secured.
- Discuss how you will build community support and support from other funding sources, to sustain the program.

## 2005-06 CALIFORNIA AMERICORPS APPLICATION

### PERFORMANCE MEASUREMENT WORKSHEET (OUTPUT)

**Output**—specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

**Category (Select one and put the performance measure number in the box)**

**Number (Select One)**

<input type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---	---	--	----------------------------	----------------------------	----------------------------

CREATING PERFORMANCE MEASURES	OUTPUT
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	
2. Describe how you will achieve this result.	
3. What data and instruments will you use to measure the results?	
4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	
6. If you have <b>data for this performance measure from prior years</b> , report it here.	

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## PERFORMANCE MEASUREMENT WORKSHEET (INTERMEDIATE OUTCOME)

**Output**—specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---	---	--	----------------------------	----------------------------	----------------------------

CREATING PERFORMANCE MEASURES	INTERMEDIATE OUTCOME
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	
2. Describe how you will achieve this result.	
3. What data and instruments will you use to measure the results?	
4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	
6. If you have <b>data for this performance measure from prior years</b> , report it here.	

## 2005-06 CALIFORNIA AMERICORPS APPLICATION

### PERFORMANCE MEASUREMENT WORKSHEET (END OUTCOME)

**Output**—specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**—specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---	---	--	----------------------------	----------------------------	----------------------------

CREATING PERFORMANCE MEASURES	END OUTCOME
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	
2. Describe how you will achieve this result.	
3. What data and instruments will you use to measure the results?	
4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	
6. If you have <b>data for this performance measure from prior years</b> , report it here.	



## INSTRUCTIONS: Performance Measurement Worksheet

*For each performance measure, identify the category (i.e., Needs and Service Activities, Strengthening Communities, or Member Development) and indicate the number of the performance measure (i.e., 1, 2 or 3). To check a box, double click on the chosen box. Under the “Default Value” section, select “Checked.”*

All applicants must complete at least four performance measures. Programs may include additional performance measures as necessary.

- Under the category of Needs and Service Activities, there must be at least one end outcome. Programs must produce an end outcome for at least one primary service activity. CSC encourages programs whose designs include multiple service activities to produce at least intermediate outcomes for such service activities.
- Under the category of Strengthening Communities, there must be a performance measure related to volunteer recruitment/management. Please see the instructions for “Standardized Strengthening Communities Performance Measure” below.
- Under the category of Member Development, there must be an intermediate outcome related to civic education. Please see the instructions for “Standardized Member Development Performance Measure” below.

For each performance measurement worksheet, complete the requested six steps:

1. **Desired result:** Identify the desired result for the performance measure. Consult the outcome(s), intermediate outcome(s) or end outcome(s) in the corresponding logic model. Next, identify an appropriate indicator. An indicator can be defined as a “specific, measurable item of information that specifies progress toward achieving [the] result.” *Example (output): Result: There will be an increase in student hours spent reading. Indicator(s): Number of hours spent reading books, percent of students reading books.*
2. **Activities:** Describe how the program will achieve the desired result. *Example: Five AmeriCorps members will provide one-on-one tutoring in reading to twenty-five teacher-identified, third-grade students at Roosevelt Elementary School for one hour in the classroom three afternoons per week for twelve weeks.*
3. **Data and Instruments:** Describe how the program will measure the result in step one. In describing data, applicants should clarify the exact information that will be used in reports. This step should also include a description of the tool used to collect data. *Example: Instrument(s): Reading Survey to be completed by students receiving tutoring services. Data: Number of students reading at home, number of hours per week spent reading at home (all are line items in Reading Survey).*

### INSTRUCTIONS: Performance Measurement Worksheet (Continued)

4. Targets: Identify the actual level or degree of success – as measured by your instrument – which you expect to achieve each year in the three-year funding cycle. Performance measure targets should focus on activities/accomplishments in a twelve-month period. For the purposes of this exercise, focus on year one. Years two and three are modest predictions of 5-10% growth in the future, as it is unlikely that the service beneficiaries will remain the same across all three years. Given that each year brings new AmeriCorps members and service recipients, it is anticipated that the outcomes will increase modestly due to more effective systems of service delivery. Therefore, CSC views second and third year targets as a vision statement of your program's future service delivery. CSC will negotiate final second and third year performance measures during the annual contracting process. *Example: First Year: Sixty-five percent of students tutored increase their interest in reading. Second Year: Seventy percent of students tutored increase their interest in reading. Third year: Eighty percent of students tutored increase their interest in reading.*
5. Performance Measure: The performance measure is a combined restatement of the result (step one) and targets for year one (step four). *Example (intermediate outcome): Teachers report that sixty-five percent of students tutored increased interest in reading.*
6. Previous Years' Data: If it is available, provide data from previous years. *Only report data that corresponds with the specific activity described in the performance measure.*

## INSTRUCTIONS: Performance Measurement Worksheet (Continued)

### STANDARDIZED STRENGTHENING COMMUNITIES PERFORMANCE MEASURE – OUTPUT: VOLUNTEER RECRUITMENT AND MANAGEMENT

#### Overview:

Some programs over the past few years have demonstrated success in recruiting volunteers. These volunteers generally fall into two categories: a) short term service volunteers who participate in one or more service projects through events during the course of the program year, usually National Service Days; and, b) volunteers who provide on-going sustained service that is directly related to the needs, activities and outcomes that the AmeriCorps program was designed to address. For example, a senior citizen who comes to a school campus and reads to a child for an hour twice a week for the duration of a school year (38 to 40 weeks).

The following instructions outline the format that applicants must follow to develop a volunteer generation performance measure. CSC is primarily seeking outputs (numbers of volunteers recruited and hours served). Generally, individuals who volunteer **40 hours or more during the course of the AmeriCorps program** should be considered as “sustaining” volunteers.

#### 1. Desired Result:

A. [Output] XX AmeriCorps members will recruit XX community volunteers to provide short term service in the XXX XXX program/activity during the program year.

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B. [Output] XX AmeriCorps members will recruit XX community volunteers to provide long term (on-going, consistent, regularly scheduled) service in the XXX XXX program/activity during the program year.

#### 2. Activities:

A. Short Term Service Volunteers: Who will be involved? Doing what, when, and where? For example: 100 community volunteers will provide information and resources during each of three community service days over the course of the program year. The service days will focus on: x, y, and z. For each event, each volunteer will provide 16 hours of service: 4 hours participating in the planning of the event, 2 hours in training in event specific information, 8 hours in conducting the event, and 2 hours assessing the success of the event. The anticipated outputs are 300 short term service volunteers recruited serving 16 hours for each event for 3 events over the course of the program year for a total of 14,400 volunteer hours.

## **INSTRUCTIONS: Performance Measurement Worksheet (Continued)**

B. Longer term (sustaining) volunteers: Who will be involved? Doing what, when, and where? For example: 20 volunteers will read to K-3 children for one hour twice a week at the XYZ School for 38 weeks during the school year. Volunteers will be recruited from the high school and service clubs in the community.

### **3. Data and Instruments:**

Volunteer log

### **4. Targets:**

#### **A. Short Term Volunteers**

Year 1: XX volunteers	xxx hours
Year 2: XX volunteers	xxx hours
Year 3: XX volunteers	xxx hours

#### **B. Longer term (Sustaining) Volunteers**

Year 1: XX volunteers	xxx hours
Year 2: XX volunteers	xxx hours
Year 3: XX volunteers	xxx hours

### **5. Performance Measure:**

XX AmeriCorps members will recruit XX community volunteers for short term service during the first year of the XXX XXX AmeriCorps program.

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XX AmeriCorps members will recruit XX community volunteers long term (sustaining) service during the first year of the XXX XXX AmeriCorps program.

### **6. Previous Years' Data (if applicable):**

Last year, XX volunteers were recruited for short term community service and XX volunteers were recruited for long term community service.

## 2005-06 CALIFORNIA AMERICORPS APPLICATION

### PERFORMANCE MEASUREMENT WORKSHEET (OUTPUT)

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input checked="" type="checkbox"/> STRENGTHENING COMMUNITIES		<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---	---	---	--	---------------------------------------	----------------------------	----------------------------

CREATING PERFORMANCE MEASURES	OUTPUT
<p>1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.</p> <p style="text-align: center;"><b>AND/OR</b></p>	<p>Xx AmeriCorps members will recruit xx community volunteers to provide short term service in the xxx xxx program/activity during the program year.  <u>Example:</u> 10 AmeriCorps members will recruit 300 community volunteers to provide 16 hours of service at each of 3 events over the course of the program year for a total of 14,400 volunteer hours.</p> <p>-----</p> <p>xx AmeriCorps members will recruit xx community volunteers to provide long term (on-going, consistent, regularly scheduled) service in the xxx xxx program/activity during the program year.  <u>Example:</u> 5 AmeriCorps members will recruit 20 community volunteers to provide 2 hours/week of intensive tutoring for 38 weeks during the school year for a total of <b>xxx</b> volunteer hours.</p>
<p>2. Describe how you will achieve this result.</p>	<p>Short Term --Who will be involved, doing what, when and where  <u>Example:</u> 100 Community volunteers will provide information and resources during each of three community service days over the course of the program year. The service days will focus on: x, y, and z. For each event, each volunteer will provide 16 hours of service: 4 hours participating in the planning of the event, 2 hours in training in event specific information, 8 hours in conducting the event, and 2 hours assessing the success of the event.</p> <p>-----</p> <p>Sustained --Who will be involved, doing what, when and where—where possible identify outcomes from this service  <u>Example:</u> 20 Community volunteers will read to K-3 children for one hour twice a week at the XYZ School for 38 weeks during the school. Volunteers will be recruited from the high school and service clubs in the community.</p>
<p>3. What data and instruments will you use to measure the results?</p>	<p>Short Term:  Volunteer logs</p> <hr/> <p>Sustained:  Volunteer logs and outcome indicators—if possible</p>

<p>4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?</p>	<p>Short Term Volunteers</p> <p>Year 1: xx volunteers                      xxx hours</p> <p>Year 2: xx volunteers                      xxx hours</p> <p>Year 3: xx volunteers                      xxx hours</p> <hr/> <p>Longer Term (Sustained) Volunteers</p> <p>Year 1: xx volunteers                      xxx hours                      results of service—if possible</p> <p>Year 2: xx volunteers                      xxx hours                      results of service—if possible</p> <p>Year 3: xx volunteers                      xxx hours                      results of service—if possible</p>
<p>5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b>.</p>	<p>Xx AmeriCorps members will recruit xx community volunteers for short term service during the first year of the xxx xxx AmeriCorps program for a total of xxx volunteer service hours.</p> <hr/> <p>Xx AmeriCorps members will recruit xx community volunteers for long term (sustaining) service during the first year of the xxx xxx AmeriCorps program for a total of xxx volunteer service hours and xxxx outcomes.</p>
<p>6. If you have <b>data for this performance measure from prior years</b>, report it here.</p>	<p>Last year, xx volunteers were recruited for short term community service and xx volunteers were recruited for long term community service hours resulting in a total of xxxx community service hours.</p>

## INSTRUCTIONS: Performance Measurement Worksheet (Continued)

### STANDARDIZED MEMBER DEVELOPMENT PERFORMANCE MEASURE – INTERMEDIATE OUTCOME: CIVIC ENGAGEMENT

#### 1. Desired Results:

[Intermediate Outcome] AmeriCorps members will improve their knowledge, skills, and attitudes about citizenship.

#### 2. Activities:

XX AmeriCorps members will participate in seven civic engagement lessons for a total of 10 hours, using the curriculum *Active Citizens: AmeriCorps In Service to America*, taught by a qualified trainer. Each lesson will be approximately one hour long and will cover issues such as: characteristics of good leaders; how laws have responded to social problems; causes and effects of specific community problems; and, others. The lessons will be conducted (*choose one method*) once per week for seven weeks; during quarterly meetings; during the orientation period.

#### 3. Data and Instruments:

Civic Pre-Post Retrospective Survey

#### 4. Targets:

Year 1: XX AmeriCorps members will increase their skills, knowledge, and/or attitude on fourteen or more of the survey questions.

Year 2: XX AmeriCorps members will increase their skills, knowledge, and/or attitude on fourteen or more of the survey questions.

Year 3: XX AmeriCorps members will increase their skills, knowledge, and/or attitude on fourteen or more of the survey questions.

#### 5. Performance Measure:

XX AmeriCorps members will increase their skills, knowledge, and/or attitude on fourteen or more of the survey questions after having participated in civic engagement training which was conducted (*choose one method*) once per week for seven weeks; during quarterly meetings; during the orientation period.

#### 6. Previous Years' Data (if applicable):

Last year, XX AmeriCorps members increased their skills, knowledge, and/or attitude on fourteen or more of the civic engagement survey questions.

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## PERFORMANCE MEASUREMENT WORKSHEET (INTERMEDIATE OUTCOME)

Category (Select one and put the performance measure number in the box)

Number (Select One)

☐ NEEDS AND SERVICE ACTIVITIES

☒ MEMBER DEVELOPMENT

☐ STRENGTHENING COMMUNITIES

☒ 1

☐ 2

☐ 3

CREATING PERFORMANCE MEASURES	INTERMEDIATE OUTCOME
7. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	AmeriCorps members will improve their knowledge skills, and attitudes about citizenship.
8. Describe how you will achieve this result.	XX AmeriCorps members will participate in seven civic engagement lessons for a total of 10 hours, using the curriculum <i>Active Citizens: AmeriCorps in Service to America</i> , taught by a qualified trainer. Each lesson will be approximately one hour long and will cover issues such as: characteristics of good leaders; how laws have responded to social problems; causes and effects of specific community problems; and, others. The lessons will be conducted (choose one method) once per week for seven weeks; during quarterly meetings; during the orientation period.
9. What data and instruments will you use to measure the results?	Civic Pre-Post Retrospective Survey
10. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	Year 1: xx AmeriCorps members will increase their skills knowledge and/or attitude on fourteen or more of the survey questions. Year 2: xx AmeriCorps members will increase their skills knowledge and/or attitude on fourteen or more of the survey questions. Year 3: xx AmeriCorps members will increase their skills knowledge and/or attitude on fourteen or more of the survey questions.
11. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	xx AmeriCorps members will increase their skills, knowledge, and/or attitude on fourteen or more of the survey questions after having participate in civic engagement training which was conducted ( <i>choose one method</i> ) once per week for seven weeks; during quarterly meetings; during the orientation period.
12. If you have <b>data for this performance measure from prior years</b> , report it here.	Last year, xx AmeriCorps members increased their skills, knowledge, and/or attitude on fourteen or more of the civic engagement survey questions.



# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## CALIFORNIA LOCAL AREA SERVICE PARTNERSHIP (CLASP) FORM



### 1. AmeriCorps Program Partner Information

AmeriCorps Program Name:						
Partner Organization Name:						
Partner Contact First Name:		Last Name:				
Partner Contact Title:						
Partner Contact Phone:		Email:		Fax:		
Partner Contact Address:				Contact City:		
County:		State:		Zip Code:		

### 2. Site Placement Information

Is the partner a placement site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated number of members serving at site:	
---	--	--

### 3. FBOs/CBOs

Is the partner a faith-based or small community-based organization? (see instructions for definition)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### 4. School Information

CDS Code:	<input type="checkbox"/> II/USP School	2003 API:	2004 API:	<input type="checkbox"/> Title I/PIS	Years:
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### 5. Partner Roles, Responsibilities, Resources

Area	Cash	In-Kind	Brief Description
<input type="checkbox"/> Primary Partner			
Financial Support			
Placement Site			
Training			
Administration			
Other Support			

### 6. Partner Organization Type(s)

From the Partner Organization Key below, list all that apply:									
---	--	--	--	--	--	--	--	--	--

#### Organization Type Key

#	ISSUE AREA	#	EDUCATION (K-12)	#	NONPROFIT SECTOR	#	NATIONAL SERVICE PROGRAMS
1	Seniors	12	Elementary School	23	Direct Service Provider	33	AmeriCorps*State
2	Emergency Services	13	Middle School	24	Policy and Advocacy	34	AmeriCorps*National Direct
3	Labor	14	High School	25	Civic Organization	35	Volunteers In Service To America (VISTA) Sponsor
4	Health Care	15	School District	26	Faith-Based Organization	36	AmeriCorps*National Civilian Community Corps
5	Public Safety	16	County Office of Education	27	Foundation/Association	37	Learn and Serve America – CalServe Initiative
6	Education	17	Association/Foundation	28	Volunteer Center	38	Learn and Serve America – Higher Education
7	Environment		<b>HIGHER EDUCATION</b>	29	Service or Conservation Corps	39	Learn and Serve America – Community-Based
8	Other (please specify) *	18	University of California		<b>PRIVATE SECTOR</b>	40	Retired and Senior Volunteer Program (RSVP)
	<b>PUBLIC SECTOR</b>	19	California State University	30	Corporate Giving Program	41	Foster Grandparent Program
9	State Agency/ Commission/Department	20	California Community College	31	Corporate Volunteer Program	42	Senior Companion Program
10	County Agency/ Commission/Department	21	Independent College	32	Association/Foundation		
11	Local Agency/ Commission/Department	22	Association/Foundation		<b>Other:</b>		

## INSTRUCTIONS: CLASP Form

Complete one CLASP form for **each** partner.

1. AmeriCorps Program Partner Information: Fill in all requested information, including county. ***Do not*** use a P.O. Box for the site address.
2. Site Placement Information: Indicate whether the partner is a placement site and estimate the number of members who will be serving at this site.
3. FBOs/CBOs:
  - To check a box, double click on the chosen box. Under the “Default value” section, select “Checked.”
  - If the partner is a faith-based or small community-based organization, check “Yes.”
    - For purposes of this RFP, a small community-based organization is a nonprofit organization that has six or fewer full-time equivalent employees and an annual budget of less than \$450,000.
    - For purposes of this RFP, a faith-based organization is an entity that meets one of the following definitions: (1) the entity is an organization, program or project sponsored/hosted by a religious congregation (must be incorporated as a 501(c)(3) organization), (2) the entity is a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously-motivated institution, or (3) the entity is a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.
4. School Information: This section applies only to schools.
  - Provide the CDS code. A CDS code is the official, unique identification of a school designed to provide the California Department of Education (CDE), the Department of Finance, and post-secondary institutions with a basis for tracking schools. To find the CDS code for a school visit the California Department of Education’s website at [www.cde.ca.gov/schooldir](http://www.cde.ca.gov/schooldir).
  - Indicate whether the school is involved in the Intermediate Intervention for Underperforming Schools Program as defined by the California State Public Schools Accountability Act. If so, provide its 2003 and 2004 API scores.
  - Indicate whether the school is a Title I/Program Improvement School as defined in the federal No Child Left Behind Act. If so, provide the number of years.
5. Partner Roles, Responsibilities, Resources:
  - Check the box labeled “Primary Partner” if the organization is one of your partnership’s primary partners. A primary partner is defined as having a significant role in planning, operating and sustaining the program.
  - For each area (financial support, placement site, training, administration, other support), indicate whether the partner is contributing cash or in-kind support.
  - Provide a brief description of each contribution, both case and in-kind (ex: “Training: Local Red Cross chapter will provide CPR/basic first aid training to all members at no cost to program.”)
6. Partner Organization Type(s): Select organization characteristics from Partner Organization Key. List the number(s) for all that apply to the partner.

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## SERVICE CODES

Please check all that apply. To check a box, double click on the chosen box. Under the “Default value” section, select “Checked.”

### Health/Nutrition

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Delivery of Health Services    | <input type="checkbox"/> Substance Abuse                | <input type="checkbox"/> HIV/AIDS               |
| <input type="checkbox"/> Health Education               | <input type="checkbox"/> Physical Disabilities Programs | <input type="checkbox"/> Immunization           |
| <input type="checkbox"/> Maternal/Child Health Services | <input type="checkbox"/> In-Home Care                   | <input type="checkbox"/> Other Health/Nutrition |
| <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> Hospice/Terminally Ill         | <input type="checkbox"/> CHIPS/SCHIPS           |
| <input type="checkbox"/> Congregate Meals               | <input type="checkbox"/> Food Distribution/Collection   | <input type="checkbox"/> Health Screening       |
| <input type="checkbox"/> Mental Retardation             | <input type="checkbox"/> Boarder Babies                 |   |

### Education

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pre-Elementary Day Care                     | <input type="checkbox"/> Tutoring and Child Literacy – High School | <input type="checkbox"/> Service-Learning             |
| <input type="checkbox"/> Elementary Education                        | <input type="checkbox"/> Job Preparedness/School to Work           | <input type="checkbox"/> Adult Education and Literacy |
| <input type="checkbox"/> Secondary Education                         | <input type="checkbox"/> Library Services                          | <input type="checkbox"/> Other Education              |
| <input type="checkbox"/> Special Education                           | <input type="checkbox"/> Cultural Heritage                         | <input type="checkbox"/> Afterschool Programs         |
| <input type="checkbox"/> Tutoring & Child Literacy – Elementary      | <input type="checkbox"/> ESL                                       | <input type="checkbox"/> America Reads                |
| <input type="checkbox"/> Tutoring and Child Literacy – Middle School | <input type="checkbox"/> GED/Dropouts                              | <input type="checkbox"/> Computer Literacy            |
| <input type="checkbox"/> Vocational Education                        | <input type="checkbox"/> Head Start/School Preparedness            | <input type="checkbox"/> Youth Leadership/Development |

### Environmental

- ☐ Waste Reduction/Management/Recycling
- ☐ Environmental Awareness
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Energy Conservation
- ☐ Indoor Environment
- ☐ Toxic Waste Management
- ☐ Wildlife, Land, Vegetation Protection/Restoration
- ☐ Other Environment
- ☐ Community Restoration/Clean Up

### Disaster

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

### Homeland Security

- ☐ Homeland Security – Public Health
- ☐ Homeland Security – Public Safety
- ☐ Homeland Security – Disaster Preparedness/Relief

### Human Needs – General

- ☐ Adoption
- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Senior Citizens Assistance
- ☐ Other Human Needs Services

### Housing

- ☐ Home Management Support/Education
- ☐ Homelessness
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living-Disabled
- ☐ Independent Living-Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

### Public Safety

- ☐ Child Abuse/Neglect
- ☐ Children and Youth Safety Programs
- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Crime Awareness/Crime Avoidance
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Juvenile Justice, Delinquency/Gangs

- ☐ Legal Assistance
- ☐ Neighborhood Watch/Block Watch
- ☐ Other Public Safety
- ☐ Safe Havens
- ☐ Safety/Fire/Accident Prevention
- ☐ Sexual Abuse/Rape
- ☐ Victim/Witness Assistance
- ☐ Adult Offender/Ex-Offender Services and Rehabilitation

### Community and Economic Development

- |  |  |
|--|--|
| <input type="checkbox"/> Consumer Education                        | <input type="checkbox"/> Management Consulting       |
| <input type="checkbox"/> Transportation Services                   | <input type="checkbox"/> Small/Minority Business     |
| <input type="checkbox"/> Community Improvement                     | <input type="checkbox"/> Tax Consulting/Counseling   |
| <input type="checkbox"/> Regional/State/City Planning              | <input type="checkbox"/> Thrift Store                |
| <input type="checkbox"/> Social Services Planning/Delivery         | <input type="checkbox"/> Microenterprise             |
| <input type="checkbox"/> Community-Based Volunteer Programs        | <input type="checkbox"/> Technology Access           |
| <input type="checkbox"/> Cooperatives/Credit Unions                | <input type="checkbox"/> Welfare to Work             |
| <input type="checkbox"/> Food Production/Community Gardens/Farming | <input type="checkbox"/> Other Community Development |
| <input type="checkbox"/> Job Development/Placement                 |  |

### Various

- ☐ Training and Technical Assistance

**2005-06 CALIFORNIA AMERICORPS APPLICATION**  
**EDUCATION AWARDS PROGRAM**  
**BUDGET FORM**

Legal Applicant Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_

**AMERICORPS MEMBER POSITIONS REQUESTED**

<b>Position</b>	<b>(a) Hours</b>	<b>(b) Number of Members</b>	<b>(c) FTE Calculation<sup>1</sup></b>	<b>(d) Number of FTEs</b>
1 Year Full Time	1700	_____	1.000 (b x c)	_____
Half Time	900	_____	0.500 (b x c)	_____
Reduced Half-Time	675	_____	0.375 (b x c)	_____
Quarter-Time	450	_____	0.250 (b x c)	_____
Minimum Time	300	_____	0.200 (b x c)	_____
<b>TOTAL FTEs</b>				_____
<b>TOTAL BUDGET<sup>2</sup></b>				_____

<sup>1</sup>Used to calculate cost/FTE and is fixed regardless of the number of hours served

<sup>2</sup>Total Budget = Total FTEs \* \$400

## **INSTRUCTIONS: Budget Form**

### **LEGAL APPLICANT/PROGRAM NAME**

From the title page, copy the name of the legal applicant and name of the program.

### **AMERICORPS MEMBERS REQUESTED**

#### Column B

Indicate the number of members in each category.

#### Column D

Calculate the number of FTE (full-time equivalents) using the formulas listed. At the bottom of column D, indicate the total number of FTE for the program by adding all numbers in column D.

#### Total Budget

Multiply the total number of FTE by \$400.



# Survey on Ensuring Equal Opportunity FOR APPLICANTS

*Federal Agency Use Only*

OMB No. 3045-0047 Exp. 3/31/2005

**NOTE:** Please place survey form directly behind the Application for Corporation for National & Community Service Assistance (CNCS 424) face sheet.

**Purpose:** This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions and will not be included in the Federal grants database.

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (*Check only one box*).

☐ 3 or Fewer ☐ 15-50  
☐ 4-5 ☐ 51-100  
☐ 6-14 ☐ over 100

3. What is the size of the applicant's annual budget?

☐ Less Than \$150,000  
☐ \$150,000 - \$299,999  
☐ \$300,000 - \$499,999  
☐ \$500,000 - \$999,999  
☐ \$1,000,000 - \$4,999,999  
☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community-based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

## **INSTRUCTIONS: Survey on Ensuring Equal Opportunity for Applicants**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify
5. For purposes of this form, an organization is considered a community-based organization if its headquarters and/or service location shares the same zip code as the clients you serve.
6. An “intermediary” is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0047**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Corporation for National and Community Service; ATTN: Nancy Talbot, 1201 New York Avenue, NW, Washington, DC 20525.

**2005-06 CALIFORNIA AMERICORPS APPLICATION**  
**EDUCATION AWARDS PROGRAM**  
**ASSURANCES AND CERTIFICATIONS**

**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**SIGNATURE:**      By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**Before you start:** Before completing certification, please read the Certification Instructions.

**SIGNATURE:**      By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:  
☐ Certification: Debarment, Suspension and Other Responsibility Matters  
☐ Certification: Drug-Free Workplace  
☐ Certification: Lobbying Activities

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## INSTRUCTIONS: Assurances and Certifications

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Certification requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Certification inclusion in subgrant agreements**

You agree by submitting this proposal that you will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

**g) Certification of subgrant principals**

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-certification in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L.

93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## CERTIFICATIONS

### **Certification – Debarment, Suspension, and Other Responsibility Matters**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, *Participants' responsibilities*.

- A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:
- Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
  - Has, within a three-year period preceding this application, been convicted of, or had an adverse civil judgment entered in connection with, fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
  - Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
  - Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default;
- B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

### **Certification – Drug-Free Workplace**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing a drug-free awareness program to inform employees about—
- the dangers of drug abuse in the workplace,
  - the grantee's policy of maintaining a drug-free workplace.
  - any available drug counseling, rehabilitation, and employee assistance programs, and
  - the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A);
- D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
- abide by the terms of the statement, and
  - notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- E. Notifying us within ten days after receiving notice under subparagraph (D) from an employee or otherwise receiving actual notice of such conviction;
- F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (D), with respect to any employee who is so convicted—
- Taking appropriate personnel action against such an employee, up to and including termination; or
  - Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (F).

#### **Certification – Lobbying Activities**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;
- If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

## **INSTRUCTIONS: Program Evaluation**

*A program evaluation summary is only required for previously funded and currently funded operating programs, if available.*

Provide a copy of the executive summary from all evaluations of your AmeriCorps program conducted in the past four years. Include **only** one copy of the executive summary attached to the original application. CSC may request copies of the full evaluation at a later date.

## **INSTRUCTIONS: Financial/Audit Information**

Provide your most recent A-133 audit, your organization's financial audit, or other financial statements if you have not had a formal audit.

The A-133 audit is a requirement for legal applicant agencies/organizations that expended \$500,000 or more in federal funding during the most recent fiscal year as outlined in federal Office of Management and Budget (OMB) Circular A-133. If you do not meet this criterion, you must include a letter to this effect in your completed application packet.

OMB Circular A-133 explicitly references – and is applicable to – organizations such as municipal and city governments, school districts, institutions of higher education and nonprofit organizations. Such organizations are not exempt from A-133 provisions and are required to submit audits if they meet the above criteria.

State of California government agencies that are covered by the Single Audit Act are not required to submit audits.

# 2005-06 CALIFORNIA AMERICORPS APPLICATION

## EDUCATION AWARDS PROGRAM

### INTERVIEW AVAILABILITY

CSC staff will conduct conference call interviews to discuss the proposed program with members of an applicant's partnership. Participation is limited to a minimum of three and a maximum of seven program representatives. A minimum of three separate organizations, including the legal applicant, must be represented in the interview.

**PART 1 – Contact Information:** *Who should be contacted or informed regarding interview information?*

Program Name: \_\_\_\_\_

Legal Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 2 – CLASP Members for Interview:** *Please provide the name, organizational affiliation and role of up to seven people who will participate in an interview.*

	ROLE	NAME	ORGANIZATION
1.	Legal Applicant		
2.			
3.			
4.			
5.			
6.			
7.			

**PART 3 – Interview Slots:** *After consulting with your CLASP, please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choices for interview dates and times on the tables below. We will make every effort to accommodate your request.*

DAY and DATE	1, 2, 3 or 4	TIME	1, 2, 3 or 4	TIME
Thursday, February 10		10:00 a.m.		1:00 p.m.
Friday, February 11		10:00 a.m.		1:00 p.m.
Monday, February 14		10:00 a.m.		1:00 p.m.
Tuesday, February 15		10:00 a.m.		1:00 p.m.
Wednesday, February 16		10:00 a.m.		1:00 p.m.

**2005-06 CALIFORNIA AMERICORPS APPLICATION**  
**EDUCATION AWARDS PROGRAM**  
**APPLICATION CHECKLIST**



A complete 2005-06 AmeriCorps Education Awards Program application package consists of the following components **IN THE FOLLOWING ORDER**

1. ☐ State Title Pages
2. ☐ Table of Contents with page numbers
3. ☐ Executive Summary – not to exceed one-page, single-spaced
4. ☐ AmeriCorps Program Accomplishment Summary (if applicable)
5. ☐ AmeriCorps Program Narrative – not to exceed 20 pages, double-spaced  
(numbered X of Y)
6. ☐ Performance Measure Worksheets
7. ☐ CLASP Partners Forms (numbered X of Y)
8. ☐ Service Codes Form
9. ☐ Budget Form
10. ☐ Survey on Ensuring Equal Opportunity for Applicants
11. ☐ Assurances and Certifications Form
12. ☐ Program Evaluation (if applicable)
13. ☐ Financial Audit/Information
14. ☐ Interview Availability Form

Please include 1 original and 4 copies of the application package, except for items 11, 12, 13 and 14 (please include only one copy of these items attached to the original).

Do **not** include this checklist with your application.

Do not staple or use any other form of binding (folders, spiral binding, etc.) for your application. Failure to comply with these conditions may result in rejection of your application.

All applications must be **received by 5:00 p.m.** on Friday, February 4, 2005 at the following address:

California Service Corps  
ATTN: AmeriCorps 2005  
1110 K Street, Suite 210  
Sacramento, CA 95814  
Phone: (916) 323-7646